NCQA Corrections, Clarifications and Policy Changes to the 2024 Health Equity and Health Equity Plus Standards and Guidelines

March 31, 2025

This document includes the corrections, clarifications and policy changes to the 2024 Health Equity and Health Equity Plus standards and guidelines. NCQA has identified the appropriate page number in the publication the standard/element head and subhead for each update. Updates have been incorporated into the Interactive Review Tool (IRT). NCQA operational definitions for correction, clarification and policy changes are as follows:

- A ***correction (CO)*** is a change made to rectify an error in the standards and guidelines.
- A ***clarification (CL)*** is additional information that explains an existing requirement.
- A ***policy change (PC)*** is a modification of an existing requirement.
- A ***regulatory change (RC)*** is a new requirement or a modification of an existing requirement to align with federal regulations.

An organization undergoing a survey under the 2024 standards and guidelines must implement corrections and policy changes within 90 calendar days of the IRT release date, unless otherwise specified. The 90-calendar-day advance notice does not apply to clarifications or FAQs, because they are not changes to existing requirements.

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
31	Policies and Procedures—Section 2: The Accreditation Process	Responsible Use of Artificial Intelligence	Revise the "Responsible Use of Artificial Intelligence" text to read: NCQA supports the use of technological advancements that improve the quality and equity of health care operations and delivery. Artificial intelligence may be useful in this regard, but there are risks to consider and mitigate. Many AI frameworks have been established to address these risks. NCQA expects organizations that use AI to implement a framework and policies that are fair and equitable to members. Although NCQA does not mandate use of a specific AI framework, the NIST AI Risk Management Framework may be helpful. The Coalition for Health AI is also a useful resource. NCQA may consider use of AI in determining Accreditation/Certification status, even though current NCQA standards do not specifically address AI. For example, with regard to utilization management, NCQA standards require appropriately licensed professionals (not AI) to make medical necessity denial decisions. Other activities that require human decision making, and where AI is used, may be an area for NCQA to consider.	**CL**	**3/31/25**
65	HE 2, Element E	Scope of Review	Revise the scope of review for initial surveys to read: *For Initial Surveys scheduled on or between July 1, 2024, and June 30, 2026*, the organization may submit a detailed implementation plan including a timeline in place of reports or materials.	**CL**	**3/31/25**

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69	HE 2, Element G	Scope of Review	Revise the date in the second paragraph of the scope of review to read: For Initial Surveys scheduled on or between July 1, 2024, and June 30, 2026, in lieu of submitting reports or materials, the organization may submit a detailed implementation plan that includes a timeline for notifying individuals of its policies and procedures for managing access to and use of gender identity and sexual orientation data.	**CL**	**3/31/25**
71	HE 3, Element A	Explanation—Factor 1	Replace "or" with "and" in the first sentence under *Factor 1: Translator competence,* to read: The organization describes its process for procuring or assessing translators, and demonstrates that it assesses translators (e.g., request for information [RFP], contract).	**CL**	**3/31/25**
90	HE 6, Element A	Element Stem	Revise factor 1 and factor 3 to read: 1. Colorectal Cancer Screening (COL, COL-E). 3. Hemoglobin A1c Control for Patients with Diabetes (HBD) or Glycemic Status Assessment for Patients with Diabetes (GSD).	**PC**	**3/31/25**
50	HE Plus 4, Element E	Element Stem – Factor 4	Revise factor 4 to read: 4. Feedback received from community and consumer stakeholders in HE PLUS 4, Element D	**CO**	**3/31/25**
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	Policies and Procedures		Consolidated the HE and HE PLUS Front Matter and Appendices.	**NA**	**11/18/24**
8	Policies and Procedures —Section 1: Eligibility and the Application process	Eligibility for Health Equity Accreditation	Revise the fifth bullet under "Organizations must meet the following criteria:" to read: The organization operates without discrimination based on gender, sexual orientation, race, creed or national origin.	**CL**	**3/25/24**
9	Policies and Procedures —Section 1: Eligibility and the Application Process	Eligibility for International Organizations	Revise the second paragraph to read: NCQA limits evaluation to organizations that operate in and outside the United States, and limits award of NCQA status to an organization's U.S. operations. Organizations that do not operate in the United States (i.e., conduct no activities in the U.S., including in states and territories; conduct no operations for U.S. members and clients) or have no members, patients or clients in the United States are not eligible for Health Equity Accreditation.	**CL**	**3/25/24**

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			NCQA does not evaluate operations of organizations that do not operate in the United States, or that do not have U.S. members, patients or clients.		
11	Policies and Procedures—Section 1: Eligibility and the Application process	How NCQA Defines an Eligible Entity—Product/product line	Add the following text as the last paragraph under "6. Product/Product Line": An organization that is responsible for both the Medicare and Medicaid components for dual-eligible members (including members in a Medicare-Medicaid Plan [MMP] benefit package) may select Medicare or Medicaid (or both) for Accreditation purposes. Dual-eligible members must be included in the product lines selected. An organization that manages Medicaid fee-for-service members may exclude those members from its Medicaid product line. Members who have Medicare Private Fee-for-Service (PFFS) through another organization or have unknown Medicare coverage as their primary insurer may be excluded from the Medicaid report.	**CL**	**3/25/24**
18	Policies and Procedures—Section 2: The Accreditation Process	Follow-Up Survey *(applies to Initial Evaluation Option)*	Replace "effective date" with "expiration date" in the last sentence in the third paragraph to read: The effective expiration date of the Accreditation status is the date specified in the Initial Survey decision that precipitated the Follow-Up Survey.	**CL**	**3/25/24**
18	Policies and Procedures—Section 2: The Accreditation Process	Resurvey	Replace "effective date" with "expiration date" in the last sentence in the second paragraph to read: The expiration date of the Accreditation status is the date specified in the Full Initial or Renewal Survey decision that precipitated the Resurvey.	**CL**	**3/25/24**
18	Policies and Procedures—Section 2: The Accreditation Process	Add-On Survey	Replace "effective date" with "expiration date" in the fourth paragraph to read: The expiration date of the Accreditation status for the new product/product line Add-On Survey aligns with the current Accreditation earned during the most recent Full Survey.	**CL**	**3/25/24**
19	Policies and Procedures—Section 2: The Accreditation Process	Declining Accreditation status	Revise the section head "Declining Accreditation status" to Declining Accreditation status (applicable only to Initial Survey Evaluation Option)"; revise the text to read: Organizations surveyed under the Initial Survey Evaluation Option may select one of the following options: 1. Accept the resulting Accreditation status.	**CL**	**7/29/24**

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			2. Decline the resulting Accreditation status (without penalty and undergo a Follow-Up Survey within 12 months of receipt of the final survey report). • If the organization declines an Accreditation status under the Initial Survey Evaluation Option, it may accept the scores for elements that received a score of Met and apply them toward a Follow-Up Survey on the remaining elements within 12 months of receipt of the final survey report. If an organization has reason to believe that the scoring of any standard does not accurately reflect its survey performance, the organization may request Reconsideration. If the organization decides to request Reconsideration, it must do so before sending notice to NCQA of a decision to decline its status. Refer to *Reconsideration.* The organization may accept or decline the resulting Reconsideration status decision. If the organization decides to decline the status, it must undergo a Follow-Up Survey within 12 months. Organizations have 30 calendar days from receipt of the results to reply to NCQA with their decision to accept, decline or request Reconsideration of the resulting status.		
29	Policies and Procedures —Section 2: The Accreditation Process	Other Information NCQA May Consider	Add the following new section head and text between "Other Information NCQA May Consider" and "Notification to Regulatory Agencies" that reads: **Responsible Use of Artificial Intelligence** NCQA supports the use of technological advancements that improve the quality and equity of health care operations and delivery. Artificial intelligence may be useful in this regard, but there are risks to consider and mitigate. Many AI frameworks have been established to address these risks. The White House also issued an executive order with broad guiding principles, and specific health care industry roles, for the Department of Health and Human Services. NCQA expects organizations that use AI to implement a framework and policies that are fair and equitable to members. Although NCQA does not mandate use of a specific AI framework, the NIST AI Risk Management Framework, a key reference in the executive order, may be helpful. The Coalition for Health AI is also a useful resource. NCQA may consider use of AI in determining Accreditation/Certification status, even though current NCQA standards do not specifically address AI. For example, with regard	**CL**	**7/29/24**
			to utilization management, NCQA standards require appropriately licensed professionals (not AI) to make medical necessity denial decisions. Other activities that require human decision making, and where AI is used, may be an area for NCQA to consider.		

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30	Policies and Procedures—Section 3: The Survey Process	Survey process results	Revise the second paragraph to read: The organization may only use the results from the readiness evaluation for internal business purposes to examine, review and otherwise analyze its business operations, and may not use, disclose, represent or otherwise communicate these results to any third party for any other purpose. The ROC reviews the preliminary results with all relevant information to determine Accreditation. NCQA does not allow the release of preliminary results to third parties as representative of the survey results or findings which are presented in the final report. The organization may not use reports or numeric results to represent that it has earned NCQA Accreditation without the final NCQA decision, as described above.	**CL**	**7/29/24**
31	Policies and Procedures—Section 3: The Survey Process	Offsite survey	Revise the section to read: The organization must submit a complete survey tool (including self-assessed scores and supporting evidence) to NCQA on the scheduled survey start date (submission date). The survey team conducts an initial review of all information and evidence submitted, and documents findings and questions in the survey tool. During a survey conference call with the survey team, the organization has the opportunity to address surveyor questions and initial findings. The organization may also submit additional supporting evidence, if needed to resolve outstanding issues. Any additional supporting evidence must be submitted by the due date for submitting responses to the survey team's outstanding questions and initial findings. The organization may not introduce new evidence after this point in the survey process. The organization should not attach documents to the survey tool that contain protected health information (PHI) or other personal identifiable information (PII), as defined by the Health Insurance Portability and Accountability Act (HIPAA) and implementing regulations. If original documentation contains PHI or PII, the organization must de-identify the information prior to submission. Refer to "de-identify" in Appendix 4: Glossary. All documentation provided to NCQA during the survey process must be in English, or with English translation.	**CL**	**7/29/24**
31	Policies and Procedures—Section 3: The Survey Process	Documents dated after submission	Add the following new section after "Offsite Survey" that reads: The organization may only submit information that existed at the time of the original survey submission; it may not introduce information that did not exist at the time of the original survey submission. Evidence submitted in response to the survey team's initial questions and findings must have existed at survey submission. The organization may not alter or update evidence to address an issue, but may bookmark or highlight this information.	**CL**	**7/29/24**

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Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**IRT Release Date**
32	Policies and Procedures—Section 3: The Survey Process	Comments about errors or omissions	Revise the section to read: NCQA gives the organization access to preliminary survey results in the IRT for review and comment. The organization has 10 calendar days to submit comments regarding factual errors or omissions before the survey report is sent to the Review Oversight Committee (ROC) for the final status decision. The organization comment process is not an opportunity to introduce new supporting evidence that was not included in the survey submission or provided in response to initial survey team issues. NCQA only considers comments and supporting evidence that are related to factual errors or omissions in the preliminary report and based on information and evidence presented during the survey.	**CL**	**7/29/24**
34	Policies and Procedures—Section 3: The Survey Process	Materials not accepted during Reconsideration	Revise the section to read: To protect the integrity of the Accreditation process, NCQA does not accept materials during Reconsideration that did not exist at the time of the original completed survey tool submission. The organization may not submit—and the Reconsideration Committee does not consider—documentation that represents actions taken by the organization after it submitted the survey tool. The organization may not introduce new or additional supporting evidence that was not available during the survey (i.e., with original submission of evidence, or in response to the survey team's questions and initial findings).	**CL**	**7/29/24**
36	HE Plus 3, Element A	Explanation	Revise the first paragraph of the factor 1 explanation to read: The organization has policies and procedures that govern and track the receipt, removal of and access to media, devices and systems, including the employee titles or roles that have access to data on individual-level social needs.	**CL**	**11/18/24**

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37	HE Plus 3, Element A	Explanation	Revise the subhead and text of the factor 2 and 3 explanation to read: ***Factors 2, 3:*** **Permissible and impermissible use** The organization outlines permissible and impermissible use of the data, which may align with rules defined by the Department of Health and Human Services under HIPAA, or as defined by other applicable laws or regulations. • Permissible or impermissible use of data may include care coordination and care management, as outlined in the Department of Health and Human Services website,[1] or other uses as defined by HIPAA rules and other applicable laws. • Impermissible use explicitly includes underwriting and denial of services, coverage and benefits, as applicable. • The organization is not required to address underwriting for the Medicaid product line.	**CL**	**11/18/24**
46	HE 1, Element A	Explanation	Add a paragraph to the factor 1 explanation that reads: If the organization has a board of directors, this constitutes the organization's governance body. If the organization does not have a board of directors as part of its organizational structure, then the organization defines its governing body, or bodies. The governance body should be the person or entity with authority to approve the Accredited entity's objectives, goals and funding for activities, and may be a single person (e.g., commissioner, agency director, department secretary) or a group of people with approval authority (e.g., legislature, cabinet, panel, board).	**CL**	**7/29/24**
53	HE 2, Element B	Scope of Review	Revise the text for Initial and Renewal Surveys to read: *For Initial Surveys:* For factor 5, NCQA reviews IDSS reports from the most recent HEDIS reporting year. *For Renewal Surveys:* For factor 5, NCQA reviews IDSS reports from the most recent and the prior HEDIS reporting year.	**CO**	**3/25/24**
56	HE 2, Element B	Explanation	Replace "requirement" with "element" in the first paragraph of the Exception to read: Individuals enrolled through Administrative Services Only (ASO) accounts, where the purchaser prohibits direct contact from the organization, are not included in this element.	**CL**	**3/25/24**

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56, 60	HE 2, Element B HE 2, Element C	Exceptions	Add an exception to factor 5 for health plans that are not NCQA Accredited or have not completed initial submission of HEDIS that reads: Health plans that are not NCQA Accredited, or have not completed an initial submission of HEDIS.	**CL**	**7/29/24**
56	HE 2, Element B	Exceptions	Revise the exception for factors 2 and 3 to read: Factors 2 and 3 are NA if the organization has direct data on the race/ethnicity of 80% or more of individuals. 80% may be cumulative of each race and ethnicity. The organization is not required to have 80% of each to be eligible for the exception. For example, an organization is eligible for an exception if it has race data on 90% of its population, but only has ethnicity data on 70% of its population. The organization may meet the 80% threshold at any point during the look-book to qualify for this exception.	**CL**	**7/29/24**
56	HE 2, Element B	Exceptions	Revise the last bullet under the Factor 5 Exceptions to read: Factor 5 is NA for: • Organizations that are not health plans. • The Exchange product line. • Health plans that are not NCQA Accredited or have not reported an initial HEDIS submission or have chosen not to report HEDIS because their membership is less than 15,000.	**CL**	**11/18/24**
58	HE 2, Element C	Look-back period	Revise the look-back period for Initial Surveys to read: *For Initial Surveys:* 6 months for factors 1 and 5; at least once during the prior 36 months for factors 2, 3 and 4.	**CO**	**7/29/24**
60, 64, 66	HE 2, Elements C, D, E	Explanation	Add the following as the first paragraph under "Exceptions" for HE 2, Elements C, D, E: Individuals enrolled through Administrative Services Only (ASO) accounts, where the purchaser prohibits direct contact from the organization, are not included in this element.	**CL**	**3/25/24**

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63	HE 2, Element D	Explanation	Update the links for footnotes 1, 2 and 5: [1] https://www.healthit.gov/isa/uscdi-data-class/patient-demographicsinformation#uscdi-v3 [2] https://www.healthit.gov/isa/uscdi-data-class/patient-demographicsinformation#uscdi-v3 [5] 2022 NASEM Report | DPCPSI (nih.gov)	**CL**	**3/25/24**
68	HE 2, Element F	Explanation	Add as the second paragraph under "Factors 2, 3: Permissible and impermissible uses": The organization is not required to address underwriting for the Medicaid product line.	**CL**	**3/25/24**
72	HE 3, Element A	Explanation	Revise the factor 3 title and explanation to read: **Oral and written interpretation** The organization's documented process must specify when translations will be written and when sight translation (oral interpretation) of written information will be provided. This process must address the circumstances in which oral interpretation (sight translation) is provided in place of written translation.	**CL**	**11/18/24**
81	HE 4, Element A	Explanation	Revise the explanation for factor 6 to read: The organization has a documented process for providing information about practitioner race/ethnicity upon request (e.g., Member Services staff or other methods, such as a directory or website.) The organization meets evidence requirements if it distributes the information on its website and in the physician directory (written and electronic). If the information is not available in the physician directory, but can be found elsewhere (e.g., by contacting Member Services), the organization places prominent notice in the written or web-based directory indicating how individuals can obtain the information. If a practitioner declines to provide race/ethnicity information, the organization may report race/ethnicity as "Unknown." The organization demonstrates that it provides this information through materials such as screenshots or reports.	**CL**	**7/29/24**
81	HE 4, Element A	Explanation	Revise the second sentence of the second paragraph of factor 6 to read: If the information is not available in the physician directory, but can be found elsewhere (e.g., by contacting Member Services), the organization places prominent notice in the written and web-based directory indicating how individuals can obtain the information.	**CL**	**11/18/24**

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83	HE 4, Element B	Explanation	Move the last paragraph of the factor 3 explanation to the second paragraph of the factor 4 explanation, to read: ***Factor 4:*** **Taking action** The organization implements its plan to address identified gaps. NCQA recognizes that it may not be practical to address gaps by recruiting practitioners with specific racial/ethnic or linguistic backgrounds, in an environment where there is a shortage of primary care practitioners. Organizations might need to consider other approaches, such as community partnerships, faith-based organizations, public health agencies or other community-based organizations, practitioner training or social networking.	**CL**	**7/29/24**
86	HE 5, Element A	Explanation	Revise the second paragraph of the factor 2 Explanation to read: The CLAS program has substantive input and participation from the community it serves, in order to ensure that it meets the needs of the population. The organization establishes an advisory function that seeks advice from people who reflect the diversity of the community. The advisory function includes a mix of consumers such as program participants or their advocates, practitioners and community representatives. The organization may engage an advisory committee, or the advisory function may be fulfilled in other ways, such as by engaging community groups or conducting focus groups with consumers, eligible individuals or community residents. At a minimum, the advisory function includes individuals representing the racial/ethnic and linguistic groups that constitute at least 5% of the population.	**CL**	**7/29/24**
90	HE 6, Element A	Scope of Review	Replace the text for All Surveys with the following: *For All Surveys:* NCQA reviews audited IDSS reports from the most recent HEDIS reporting year, and reviews reports describing the organization's analysis of disparities by race/ethnicity.	**CL**	**3/25/24**
91	HE 6, Element A	Exceptions	Add a bullet that reads: Health plans that are not NCQA Accredited, or have not completed initial submission of HEDIS.	**CL**	**7/29/24**

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94	HE 6, Element B	Explanation	Revise the first bullet in the exception for factor 1 to read: Organizations that report at least two measures in Element A.	**CL**	**3/25/24**
94 96 98	HE 6, Element B HE 6, Element C HE 6, Element D	Explanation	Add the following language to the second or third paragraph in the explanation: Refer to *Appendix 3: Glossary* for the full definition of and requirements for quantitative analysis and qualitative analysis.	**CL**	**7/29/24**
96	HE 6, Element C	Examples	Revise the second set of examples in the Examples section to read: **Methods to evaluate individual experience** • Survey: – All individuals who indicated a language preference other than English, ***or*** All individuals who used language services to obtain feedback on their experience with language services in the clinical setting.	**CL**	**7/29/24**
105	HE 7, Element C	Exceptions	Delete the exception for factor 1.	**CO**	**7/29/24**
44	HE Plus 4, Element B	Scope of Review	Revise the factor 7 language in the scope of review to read: *For Initial Surveys:* NCQA reviews the organization's most recent annual work plan for mitigating social risks and meeting social needs. If the organization integrates these activities into its CLAS program work plan *(HE 5: Culturally and Linguistically Appropriate Services Programs,* Element A), NCQA reviews the most recent annual version of the CLAS work plan. • *For factor 7:* NCQA reviews evidence of governing body approval. • For Renewal Surveys: NCQA reviews the organization's most recent and the previous year's annual work plans for mitigating social risks and meeting social needs. If the organization integrates these activities into its CLAS program work plan (HE 5, Element A), NCQA reviews the most recent and the previous year's version of the CLAS work plan. • For factor 7: NCQA reviews evidence of governing body approval for each year of the look-back period.	**CL**	**7/29/24**

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46	HE Plus 4, Element B	Explanation	Remove “at least annually” from the factor 7 Explanation, to read: The organization or the program’s governing body is the body responsible for organizational governance. The governing body annually approves updates to the work plan.	**CL**	**7/29/24**
2-11	Appendix 2—Delegation and Automatic Credit Guidelines	Table 4: Automatic credit by Evaluation Option for an NCQA-Accredited Health Equity Organization seeking Health Plan Accreditation	Replace ME 2 “Element B” with “Element C” in table 4.	**CO**	**7/29/24**
3-3	Appendix 3 - Glossary	Governing body	Revise the definition of “governing body” in the glossary to read: The entity responsible for organizational governance, including the Board of Directors.	**CL**	**7/29/24**